

Testimony before the Human Services Committee
presented by Marcia DuFore
On behalf of North Central Regional Mental Board
March 5, 2013

Good afternoon Senator Slossberg, Representative Abercrombie and members of the Human Services Committee.

My name is Marcia DuFore. I am testifying as Executive Director of the North Central Regional Mental Health Board (NCRMHB). Our Board is mandated by statute to study the mental health needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities for improved and expanded services to meet those needs. Our volunteer evaluators include people who use services, their families and concerned citizens in the towns and cities where services are delivered.

We appreciate and thank you for your efforts to preserve critical services that maintain a safety net for some of our most vulnerable citizens.

We would like to speak in favor of some Bills that have been raised for consideration by the Human Services Subcommittee that are aligned with the priorities of our Board and with our desire to preserve the safety net of services needed by our constituents with behavioral health disorders

We urge your support of Raised Senate Bill 1026 establishing a commission to review the capacity of our healthcare provider system to ensure people will have adequate and timely access to services as we implement changes in response to the Affordable Care Act. We have concerns about our system's capacity on two levels. **First**, starting in January 2014 there will be major shifts in funding streams and provider reimbursement rates for behavioral health services covered by Medicaid. There will be an increased demand for these services from our constituents with incomes between 133% and 185% of the Federal Poverty Level who will be eligible for Medicaid under the expanded coverage afforded by Affordable Care Act. We are already concerned about the capacity our service system to respond to that increased demand, hearing from many of the community behavioral health providers we work with that they are at a breaking point. **Will the healthcare provider network be able to expand to meet the increased demand for services with the projected reductions in state funded services and reduced rates of reimbursement available through Medicaid?**

Secondly, we are concerned that eligibility for people who will qualify under the expanded Medicaid coverage guidelines will not be immediate. **It will take time to process applications and establish eligibility for our constituents. We need to ensure there is adequate funding to maintain state funded services for them in the interim.** The behavioral healthcare system must be viewed as a continuum starting often in the emergency room and ending hopefully with the supports needed for people to live meaningful lives in our community. Investments in needed services at any point along the continuum are felt across the service system. Likewise, funding reductions that limit access at critical points in the continuum are also felt, ensure that people will get stuck, and result in extra cost and gridlock in the service system. We must ensure that we do not create new and critical gaps in the continuum of care for our constituents.

We urge your support of Raised Senate Bill 1023 which would allow revenue retention by non-profit Health and Human services providers. This bill would allow non-profit organizations that have met the performance and regulatory requirements of their contracts to retain the total amount of funds allocated in their contracts even if they are able, through efficiencies, to incur lower expenditures than anticipated. Such a measure would encourage greater efficiency and enhance the fiscal health and stability of the non-profit network of service providers.

We urge your support of Raised House Bill 6545 which requires that a Medicaid recipient and his/her prescriber is given notice of a prescription drug denial that is based on a prior authorization requirement. Such notice is needed in order for patient and doctor to work together and make informed decisions about how to proceed. Although we anticipate most medications prescribed for psychiatric conditions will be exempt from this process, there may be medications, for example some antidepressants, that are not. Of concern to us as well, are the medications subject to prior authorization that are prescribed for medical conditions. The physical and mental health of our constituents is integrally related, and we are concerned that our constituents may suffer harm if access to a needed medication is denied and they are left without the information and support the need to resolve the situation.

I hope you will consider our position on these issues as you begin your deliberations on these proposals.

We do thank you for your time, interest, and attention.